

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Artesia, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

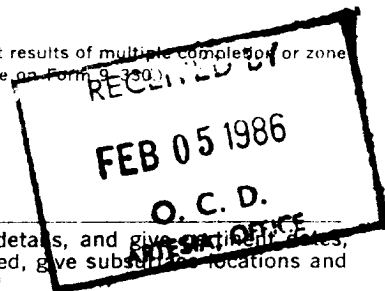
1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR  
Jack Plemons
3. ADDRESS OF OPERATOR  
P.O. Box 385, Artesia, New Mexico 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2310' FNL & 990' FEL 3-19S-31E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                          | SUBSEQUENT REPORT OF: |                                     |
|--------------------------|--------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| REPAIR WELL              | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| PULL OR ALTER CASING     | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| CHANGE ZONES             | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| ABANDON*                 | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| (other)                  |                          |                       |                                     |

5. LEASE  
LC 029353(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
McFadden Federal
9. WELL NO.  
8
10. FIELD OR WILDCAT NAME  
Shugart Y-SR-Q-GB
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, 19S 31E
12. COUNTY OR PARISH  
Eddy
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3605' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

On 1-3-86

We ran 4021' of 5 1/2", 15.5 lb. casing. Cemented with 450 sacks Halliburton light, and 350 sacks class C cement.

Shut down waiting for completion.

ACCEPTED FOR RECORD

*SWR*  
JAN 31 1986

CAPISPAD, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED *James King* TITLE Agent DATE 1-21-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: